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IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-4073 www.iowa.gov/ethics

Reset Form

lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

| FORM-GB Gift or Bequest information received by a department or accepted by the Governor on behalf of the state For office use only |
|---|
| For office use only |
| Audited |
| Checked |
| Computer |
| |

| Clarinda Correctional Facility | | |
|---|---|--|
| Name of Department or Office | D. '. J. TA 61/00 | |
| 2000 N. 16th Street Mailing Address | Clarinda, IA 51632 City, State, Zip Code | |
| 712-542-5634 | 5.ty, Otato, 2-p 0000 | |
| Area Code & Telephone No. | | |
| ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFI | CE: | |
| Meredith Baker | | |
| Name | | |
| Mailing Address (if different from above) | City, State, Zip (if different from above) | |
| meredith.baker@iowa.gov | 712-542-6107 | |
| Email Address | Area Code & Telephone Number (if different from above) | |
| ONOR OF CIET OF PEOLIEST: | | |
| ONOR OF GIFT OR BEQUEST: | | |
| Corydon Sanctuary Church | | |
| Name | | |
| 1515 150th Street Corydon, IA 50060 | 0.50.00 | |
| Mailing Address City, State, Zip Code | \$50.00 | |
| 515-745-0408 | Date of Gift or Bequest Amount/Value* | |
| Area Code & Telephone Number | *value is defined as "fair market value" of item as determined by | |
| | receiving department or office. If no value mark "0.00". | |
| Email Address (optional) | | |
| | - | |
| Provide a description of the gift or bequest and purpose thereof: | | |
| Cash donation for our CCF Chapel Fund. | | |
| Cuon dozumon za za za z | | |
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| Criteria to use this form: | | |
| Receipt of any gift or bequest that is received by any department of the | state or received by the Governor on behalf of the state. | |
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| atement of Affirmation: | | |
| | •, | |
| Randy Gibbsaffirm that the gift or bequest reported about | ove is accurate. I further affirm that the information concerning the donor a | |
| sessment of the fair market value (if applicable) is correct and true to th | e best of my knowledge. | |
| | | |
| -// | 05/00/19 | |
| /KM// / | 05/09/18 | |
| Signature | Date | |